DETAINEE PERSONNEL RECORD For use of this form, see AR 190-8; the proponent agency is ODCSCPER. PART I - TO BE COMPLETED AT TIME OF PROCESSING 1. INTERNMENT SERIAL NO. (1-13) 2. NAME (Last, first, middle) (14-34) 3. RANK (35-37) **CARD I** 4. ENEMY SVC NO. (38-46) 5. TYPE (47) 6. DATE OF CAPTURE (48-53) 7. DATE OF BIRTH (54-59) 8. NATIONALITY (60-61) 9. EDUCATION (62) 10. RELIGION (63-64) 11. MARSTA (65) 12. PW CAMP UIC (66-71) 13. PW PROCESS DATE (72-77)CARD II 14. SEX (14) 15. LANGUAGE I (15-16) 16. LANGUAGE II (17-18) (Keypuncher will pick up Item 1 above) 17. PHYSICAL CONDITION (19) 18. PW CAMP LOCATION (20-22) 19. ENEMY UNIT (23-34) 20. ARM OF SVC (35) 22. CIVILIAN OCCUPATION (40-45) 23. UIC-CAPTURE UNIT (46-51) 21. MOSC (36-39) 24. CORPS AREA OF CAPTURE (52) 25. PLACE OF CAPTURE 26. POWER SERVED 27. PLACE OF BIRTH 28. ADDRESS TO WHICH MAIL FOR PW MAY BE SENT 29. FATHER/STEPFATHER 30. MOTHER'S MAIDEN NAME 32. NAME, ADDRESS, AND RELATIONSHIP OF PERSON TO BE INFORMED OF CAPTURE 31. PERMANENT HOME ADDRESS OF PW 33. OTHER PARTICULARS FROM ID CARD 34. DISTINGUISHING MARKS 35. IMPOUNDED PERSONAL EFFECTS AND MONEY (IAWAR 37-36) THE ABOVE LIST OF IMPOUNDED ITEMS IS CORRECT (Signature of Detainee) 36. REMARKS 37. PHOTO PHOTO PHOTO (Front View) (Right Profile) 39. SIGNATURE 38. PREPARED BY (Individual and unit) 40. DATE PREPARED 41. PLACE

	PART II - TO BE MAINTAINED BY UNIT HAVING CUSTODY			
42a		b. FIRST NAMES		
43.	INTERNMENT SERIAL NUMBER			
44.		MEDICAL RECORD		
a.	IMMUNIZATION (Vaccinations and Innoculations with Dates)			
b.	MAJOR ILLNESSES AND PHYSICAL DEFECTS (With Dates)		c. BLOOD GROUP	
45.	INTERNMENT EMPLOYMENT QUALIFICATIONS			
	46. SERIOUS OFFENSES, PUNISHMENTS, AND ESCAPES (With Dates)			
47. TRANSFERS				
47.				
	FROM (Location)	TO (Location)	DATE	
10	REMARKS			
49.				
a.	CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount to	in words }	b. AMT IN FIGURES	
C.	c. LOCATION		d. DATE	
50.	50. FINANCIAL STATUS AT TIME OF SECOND INTERNATIONAL TRANSFER			
a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words)		b. AMT IN FIGURES		
C.	LOCATION		d. DATE	
51.		REPATRIATION		
a. REASON				
b.	MODE		c. DATE	
52. FINANCIAL STATUS AT TIME OF REPATRIATION				
a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words) b. AMT IN FIGURES				
		ni morus j		
C.	LOCATION		d. DATE	